

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-036067

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4827

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Registration District No. 149  
**FILED SEP 18 1963**

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	
Length of stay in 1b <b>25 yrs</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Memorial Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>4427 State Line</b>	
3. NAME OF DECEASED (Type or print) First <b>Grace</b> Middle <b>C.</b> Last <b>Cox</b>		4. DATE OF DEATH Month <b>Aug</b> Day <b>29</b> Year <b>1963</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>June 8-1905</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Statistical Typist</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Print-O-Press</b>	11. BIRTHPLACE (City and state or country) <b>Hope - Kansas</b>
12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>		13. NAME OF HUSBAND OR WIFE <b>Ronald P. Cox</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>4427 State Line K.C. Mo</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute coronary occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 hours</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____ Month, Day, Year _____	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY _____ STATE _____	
21. I attended the deceased from <b>Oct, 1956</b> to <b>Aug 29, 1963</b> and last saw her alive on <b>August 29, 1963</b> . Death occurred at <b>10:15 am</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>W. Braverman MD</b>		22b. ADDRESS <b>701 E. 63rd St K.C. 10, Mo</b>	
22c. DATE SIGNED <b>8/31/63</b>		23. NAME OF CEMETERY OR CREMATORY <b>Elmwood Crematory</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation Sept 3-1963</b>		23b. DATE <b>Sept 3-1963</b>	
23c. LOCATION (City, town, or county) <b>Kansas City - Missouri</b>		23d. DATE RECD. BY LOCAL REG. <b>9-1-63</b>	
23e. REGISTRAR'S SIGNATURE <b>Bessie Smith</b>		23f. ADDRESS <b>1901 Clark Blvd. Kansas City 3, Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Paul R. Williamson

Licensed Embalmer No. 5009  
P. O. Address Overland Park, Ks

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

JACK VINCENT 701 E. 63 DE 3-8838